

2557

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>23</u>		Registered No. <u>54</u>	
County <u>Cochise</u> State <u>Arizona</u>							
Township <u>Douglas</u> or Village _____							
City <u>Douglas</u> No. <u>County Hospital</u> St. _____ Ward _____							
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Mrs Maud Gay Aaron</u>							
(a) Residence: No. <u>1414 F. Ave.</u> St. _____ Ward _____ (Usual place of abode) (If nonresident give city or town and State)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>4/13/32</u> 19 <u>32</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Albert L. Aaron</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 9</u> <u>1932</u> to <u>Apr. 13</u> <u>1932</u>			
6. DATE OF BIRTH (month, day, and year) <u>12/30/1876</u>				I last saw him alive on <u>Apr. 15</u> <u>1932</u> death is said to have occurred on the date stated above, at <u>3:30 P.</u>			
7. AGE Years <u>56</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows: <u>Arterio sclerosis</u> <u>Cerebral Hemorrhage</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				Other contributory causes of importance: _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				Date of Onset _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Saville</u> (State or country) <u>Texas</u>				Name of operation <u>Chloroform</u> Date of _____			
13. NAME <u>John Rogers</u>				What test confirmed diagnosis? <u>Chloroform</u> Was there an autopsy? <u>No</u>			
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.			
15. MAIDEN NAME _____				Manner of injury <u>It</u>			
16. BIRTHPLACE (city or town) _____ (State or country) _____				Nature of injury <u>It</u>			
17. INFORMANT <u>Albert L. Aaron</u> (Address) <u>1414 F. Avenue</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>4/13/32</u> 19____				If so, specify _____			
19. UNDERTAKER <u>George H. H. H.</u> (Address) <u>Douglas</u>				(Signed) <u>E. W. Coleman</u> M. D. (Address) <u>Douglas</u>			
20. Filed <u>4/15</u> 19 <u>32</u> <u>Blaney</u> Registrar.							